

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

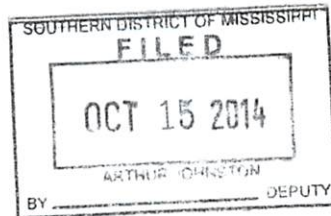
**COMPLAINT**

DAWSON  
(Last Name) (Identification Number)

MAURICE  
(First Name) (Middle Name)

East Mississippi Correctional Facility  
(Institution)

10641 Hwy 80 West Meridian MS 39307  
(Address)  
(Enter above the full name of the plaintiff, prisoner, and address  
plaintiff in this action)



CIVIL ACTION NUMBER: 3:14cv798-CWR-FKB  
(to be completed by the Court)

V.

E.M.C.F.

(Enter above the full name of the defendant or defendants in this action)

**OTHER LAWSUITS FILED BY PLAINTIFF**

**NOTICE AND WARNING:**

**The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.**

- A. Have you ever filed any other lawsuits in a court of the United States? Yes ( ☒ ) No ( ☐ )
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: Wedgeworth INV Rice / Alexander
  - Court (if federal court, name the district; if state court, name the county): Lauderdale County
  - Docket Number: \_\_\_\_\_
  - Name of judge to whom case was assigned: Robert W. Bailey
  - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): Dismissed

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: MAURICE DAWSON Prisoner Number: M3508  
 Address: East Mississippi Correctional Facility 10641 Hwy 80 West  
Meridian, MS 39307

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Sgt Westmore is employed as  
Sgt at East Mississippi Correctional  
Facility

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: MAURICE DAWSON ADDRESS: EMCF

## DEFENDANT(S):

NAME: <u>Off Sims</u>	ADDRESS: <u>EMCF</u>
<u>Sgt Westmore</u>	<u>EMCF</u>
<u>Nurse Jane Doe</u>	<u>EMCF</u>
<u>Nurse Wilson</u>	<u>EMCF</u>

### GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes ( ☒ ) No ( ☐ )

B. Are you presently incarcerated for a parole or probation violation?

Yes ( ☒ ) No ( ☐ )

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes ( ☒ ) No ( ☐ )

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes ( ☒ ) No ( ☐ )

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes ( ☒ ) No ( ☐ ), if so, state the results of the procedure: No medical services has yet to be ~~do~~ did in restoring vision to right eye, on second second step APP They said something about shampoo

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?  
Yes ( ☐ ) No ( ☐ )

2. State how your claims were presented (written request, verbal request, request for forms): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. State the date your claims were presented: \_\_\_\_\_

4. State the result of the procedure: \_\_\_\_\_

\_\_\_\_\_

## STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

① <sup>2100 pill call</sup> On 9-23-13 Nurse Jane Doe (who's name were hard to get, because of Being house behind Doors on Unit 6, And Due to being unprofessional in ~~services~~ services in provide Name which is on Neck, badge That's turn Around backward). Inform Sgt westmore to bring me up to Infirmary for right eye to be flush And Rec'd medical attention. Sgt westmore refuse. I Then made several attempts by repeatedly Informing Sgt westmore about my eye Needing medical attention which he was aware of. This action result in impairment of my right eye, which arose from being assault by another Inmate.

② <sup>prior To 9-23-13 Nurse Wilson also Inform of c Sims</sup> On 9-24-13 0900 pill call Nurse Jane Doe (who's name has been withheld due to not been able to retrieval off badge etc) gave order to dc Sims to bring me up to Infirmary for my right eye to be flush. dc Sims refuse Intentionally even after repeatedly scream of Needing medical attention which he was full aware of. which result in impairment of right eye. "see Above caption AS to bottom"

## RELIEF

IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

- ① restore vision to right Through Surgery ② Seeking Compensation (monetary)  
③ Seeking Disciplinary Action To The fullest of All parties

Signed this 7 day of Oct, 20 14.

Maurice Dawson #13508 East Mississippi

Correctional Facility 10641 Hwy 80 west  
Signature of plaintiff, prisoner number and address of  
plaintiff  
Meridian MS  
39307

I declare under penalty of perjury that the foregoing is true and correct.

10-7-14  
(Date)

Maurice Dawson  
Signature of plaintiff

## Statement of Claim

III

(3)

Nurse Jane Doe (which Name is Intentionally withheld purposely, upon Asking To see badge, you are refuse badge Around neck or turn backward) did Refuse To Bring Needed medication Back. She did have Knowledge of meds being Available. I did Inform security on duty After excessive time elaps ~~ed~~ without rec'd any said Meds. No Action ~~ed~~ were taken At This point by ~~Attn~~ Nurse or Security staff. Note: This is ongoing

## COVER SHEET

Civil Case Filing Form  
(To be completed by Attorney/Party  
Prior to Filing of Pleading)Mississippi Supreme Court  
Administrative Office of Courts  
Form AOC/01  
(Rev 2009)

Court Identification Docket #

Case Year

Docket Number

County #	Judicial District	Court ID (CH, CI, CO)
Month	Date	Year

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Local Docket ID

This area to be completed by clerk

Case Number if filed prior to 1/1/94

In the \_\_\_\_\_ Court of \_\_\_\_\_ County — \_\_\_\_\_ Judicial District

## Origin of Suit (Place an "X" in one box only)

- |  |                                     |  |  |                                |
|--|-------------------------------------|--|--|--------------------------------|
| <input checked="" type="checkbox"/> Initial Filing | <input type="checkbox"/> Reinstated | <input type="checkbox"/> Foreign Judgment Enrolled | <input type="checkbox"/> Transfer from Other court | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Remanded       | <input type="checkbox"/> Reopened   | <input type="checkbox"/> Joining Suit/Action       | <input type="checkbox"/> Appeal                    |                                |

## Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form

Individual DAWSON Last Name MAURICE First Name N/A Maiden Name, if applicable / M.I. / Jr/Sr/III/IV☐ Check (x) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of \_\_\_\_\_☐ Check (x) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: D/B/A or Agency \_\_\_\_\_Business N/A  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated☐ Check (x) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: D/B/A \_\_\_\_\_Address of Plaintiff 10641 Hwy 80 west Meridian, MS 39307Attorney (Name & Address) 10641 Hwy 80 west Meridian, MS 39307 MS Bar No. \_\_\_\_\_☐ Check (x) if Individual Filing Initial Pleading is NOT an attorney

Signature of Individual Filing: \_\_\_\_\_

## Defendant - Name of Defendant - Enter Additional Defendants on Separate Form

Individual Westmore Last Name / First Name / Maiden Name, if applicable / M.I. / Jr/Sr/III/IV☐ Check (x) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of \_\_\_\_\_☒ Check (x) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: D/B/A or Agency EMCF - SecurityBusiness Management Training Corporation  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated☐ Check (x) if Business Defendant is acting in the name of an entity other than the above, and enter below: D/B/A \_\_\_\_\_

Attorney (Name &amp; Address) - If Known \_\_\_\_\_ MS Bar No. \_\_\_\_\_

Damages Sought: Compensatory \$ 300,000 Punitive \$ 300,000 ☐ Check (x) if child support is contemplated as an issue in this suit.\*  
\*If checked, please submit completed Child Support Information Sheet with this Cover Sheet

## Nature of Suit (Place an "X" in one box only)

Domestic Relations	Business/Commercial	Children/Minors - Non-Domestic	Real Property
<input type="checkbox"/> Child Custody/Visitation	<input type="checkbox"/> Accounting (Business)	<input type="checkbox"/> Adoption - Contested	<input type="checkbox"/> Adverse Possession
<input type="checkbox"/> Child Support	<input type="checkbox"/> Business Dissolution	<input type="checkbox"/> Adoption - Uncontested	<input type="checkbox"/> Ejectment
<input type="checkbox"/> Contempt	<input type="checkbox"/> Debt Collection	<input type="checkbox"/> Consent to Abortion Minor	<input type="checkbox"/> Eminent Domain
<input type="checkbox"/> Divorce: Fault	<input type="checkbox"/> Employment	<input type="checkbox"/> Removal of Minority	<input type="checkbox"/> Eviction
<input type="checkbox"/> Divorce: Irreconcilable Diff.	<input type="checkbox"/> Foreign Judgment	<input type="checkbox"/> Other _____	<input type="checkbox"/> Judicial Foreclosure
<input type="checkbox"/> Domestic Abuse	<input type="checkbox"/> Garnishment	<input type="checkbox"/> Elections	<input type="checkbox"/> Lien Assertion
<input type="checkbox"/> Emancipation	<input type="checkbox"/> Replevin	<input type="checkbox"/> Expungement	<input type="checkbox"/> Partition
<input type="checkbox"/> Modification	<input type="checkbox"/> Other _____	<input type="checkbox"/> Habeas Corpus	<input type="checkbox"/> Tax Sale: Confirm/Cancel
<input type="checkbox"/> Paternity	<input type="checkbox"/> Probate	<input type="checkbox"/> Post Conviction Relief/Prisoner	<input type="checkbox"/> Title Boundary or Easement
<input type="checkbox"/> Property Division	<input type="checkbox"/> Accounting (Probate)	<input checked="" type="checkbox"/> Other <u>Judicial Review</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Separate Maintenance	<input type="checkbox"/> Birth Certificate Correction	<input type="checkbox"/> Contract	<input type="checkbox"/> Torts
<input type="checkbox"/> Termination of Parental Rights	<input type="checkbox"/> Commitment	<input type="checkbox"/> Breach of Contract	<input type="checkbox"/> Bad Faith
<input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA)	<input type="checkbox"/> Conservatorship	<input type="checkbox"/> Installment Contract	<input type="checkbox"/> Fraud
<input type="checkbox"/> Other _____	<input type="checkbox"/> Guardianship	<input type="checkbox"/> Insurance	<input type="checkbox"/> Loss of Consortium
<input type="checkbox"/> Appeals	<input type="checkbox"/> Heirship	<input type="checkbox"/> Specific Performance	<input type="checkbox"/> Malpractice - Legal
<input type="checkbox"/> Administrative Agency	<input type="checkbox"/> Intestate Estate	<input type="checkbox"/> Other _____	<input type="checkbox"/> Malpractice - Medical
<input type="checkbox"/> County Court	<input type="checkbox"/> Minor's Settlement	<input type="checkbox"/> Statutes/Rules	<input type="checkbox"/> Mass Tort
<input type="checkbox"/> Hardship Petition (Driver License)	<input type="checkbox"/> Muniment of Title	<input type="checkbox"/> Bond Validation	<input type="checkbox"/> Negligence - General
<input type="checkbox"/> Justice Court	<input type="checkbox"/> Name Change	<input type="checkbox"/> Civil Forfeiture	<input type="checkbox"/> Negligence - Motor Vehicle
<input type="checkbox"/> MS Dept Employment Security	<input type="checkbox"/> Testate Estate	<input type="checkbox"/> Declaratory Judgment	<input type="checkbox"/> Product Liability
<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Will Contest	<input type="checkbox"/> Injunction or Restraining Order	<input type="checkbox"/> Subrogation
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Wrongful Death
			<input type="checkbox"/> Other _____



IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI

JUDICIAL DISTRICT, CITY OF \_\_\_\_\_

Docket No. \_\_\_\_\_ - \_\_\_\_\_  
File Yr Chronological No. Clerk's Local IDDocket No. If Filed  
Prior to 1/1/94 \_\_\_\_\_**DEFENDANTS IN REFERENCED CAUSE - Page 1 of \_\_\_\_ Defendants Pages  
IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET****Defendant #2:**Individual: Sims \_\_\_\_\_  
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

Business Emcf - Security \_\_\_\_\_  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

ATTORNEY FOR THIS DEFENDANT: \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_\_ Not an Attorney(✓) \_\_\_\_\_

**Defendant #3:**Individual: Wilson \_\_\_\_\_  
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

Business Emcf - Nurse Staff \_\_\_\_\_  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

ATTORNEY FOR THIS DEFENDANT: \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_\_ Not an Attorney(✓) \_\_\_\_\_

**Defendant #4:**Individual: Jane Doe Jane Doe \_\_\_\_\_  
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

Business Emcf - Nurse Staff \_\_\_\_\_  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the above, and enter below:

D/B/A \_\_\_\_\_

ATTORNEY FOR THIS DEFENDANT: \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_\_ Not an Attorney(✓) \_\_\_\_\_

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI  
 \_\_\_\_\_ JUDICIAL DISTRICT, CITY OF \_\_\_\_\_

Docket No. \_\_\_\_\_ - \_\_\_\_\_  
 File Yr Chronological No. Clerk's Local ID

Docket No. If Filed  
 Prior to 1/1/94 \_\_\_\_\_

**PLAINTIFFS IN REFERENCED CAUSE - Page 1 of \_\_\_\_ Plaintiffs Pages  
 IN ADDITION TO PLAINTIFF SHOWN ON CIVIL CASE FILING FORM COVER SHEET**

**Plaintiff #2:**

**Individual:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

\_\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** \_\_\_\_\_  
 Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

**ATTORNEY FOR THIS PLAINTIFF:** \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_ Not an Attorney(✓) \_\_\_\_

**Plaintiff #3:**

**Individual:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

\_\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** \_\_\_\_\_  
 Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

**ATTORNEY FOR THIS PLAINTIFF:** \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_ Not an Attorney(✓) \_\_\_\_

**Plaintiff #4:**

**Individual:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

\_\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** \_\_\_\_\_  
 Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

**ATTORNEY FOR THIS PLAINTIFF:** \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_ Not an Attorney(✓) \_\_\_\_



IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI

\_\_\_\_\_ JUDICIAL DISTRICT, CITY OF \_\_\_\_\_

Docket No. \_\_\_\_\_ - \_\_\_\_\_  
File Yr \_\_\_\_\_ Chronological No. \_\_\_\_\_ Clerk's Local ID \_\_\_\_\_Docket No. If Filed  
Prior to 1/1/94 \_\_\_\_\_**PLAINTIFFS IN REFERENCED CAUSE - Page \_\_\_ of \_\_\_ Plaintiffs Pages  
IN ADDITION TO PLAINTIFF SHOWN ON CIVIL CASE FILING FORM COVER SHEET****Plaintiff # \_\_\_ :****Individual:** \_\_\_\_\_  
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** \_\_\_\_\_  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

**ATTORNEY FOR THIS PLAINTIFF:** \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_ Not an Attorney(✓) \_\_\_**Plaintiff # \_\_\_ :****Individual:** \_\_\_\_\_  
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** \_\_\_\_\_  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

**ATTORNEY FOR THIS PLAINTIFF:** \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_ Not an Attorney(✓) \_\_\_**Plaintiff # \_\_\_ :****Individual:** \_\_\_\_\_  
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** \_\_\_\_\_  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

**ATTORNEY FOR THIS PLAINTIFF:** \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_ Not an Attorney(✓) \_\_\_

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI  
 \_\_\_\_\_ JUDICIAL DISTRICT, CITY OF \_\_\_\_\_

Docket No. \_\_\_\_\_ - \_\_\_\_\_  
 File Yr Chronological No. Clerk's Local ID

Docket No. If Filed  
 Prior to 1/1/94 \_\_\_\_\_

**DEFENDANTS IN REFERENCED CAUSE - Page \_\_\_ of \_\_\_ Defendants Pages  
 IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET**

**Defendant # \_\_\_ :**

**Individual:** \_\_\_\_\_  
 Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** \_\_\_\_\_  
 Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

ATTORNEY FOR THIS DEFENDANT: \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_ Not an Attorney(✓) \_\_\_

**Defendant # \_\_\_ :**

**Individual:** \_\_\_\_\_  
 Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** \_\_\_\_\_  
 Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

ATTORNEY FOR THIS DEFENDANT: \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_ Not an Attorney(✓) \_\_\_

**Defendant # \_\_\_ :**

**Individual:** \_\_\_\_\_  
 Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** \_\_\_\_\_  
 Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

ATTORNEY FOR THIS DEFENDANT: \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_ Not an Attorney(✓) \_\_\_

**CHILD SUPPORT INFORMATION SHEET***Please include all information known*

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI

\_\_\_\_\_ JUDICIAL DISTRICT, CITY OF \_\_\_\_\_

Docket No. \_\_\_\_\_ - \_\_\_\_\_  
File Yr Chronological No. Clerk's Local IDDocket No. If Filed  
Prior to 1/1/94 \_\_\_\_\_**Father.** \_\_\_\_\_  
Last First M/I Jr/Sr etc. Date of Birth Social Security #Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone # Drivers License #Employer Name and Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Employer Phone #**Mother.** \_\_\_\_\_  
Last First M/I Jr/Sr etc. Date of Birth Social Security #Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone # Drivers License #Employer Name and Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Employer Phone #**Child:** \_\_\_\_\_  
Last First M/I Jr/Sr etc. Date of Birth Social Security #Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone #**Child:** \_\_\_\_\_  
Last First M/I Jr/Sr etc. Date of Birth Social Security #Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone #**Child:** \_\_\_\_\_  
Last First M/I Jr/Sr etc. Date of Birth Social Security #Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone #**Child:** \_\_\_\_\_  
Last First M/I Jr/Sr etc. Date of Birth Social Security #Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone #**FOR ADDITIONAL CHILDREN, PLEASE ATTACH ADDITIONAL FORMS**MANDATED PURSUANT TO:  
**Federal Social Security Act Title IV-D,  
§§ 454(26)(A) and 454A(e)(4);  
Miss. Code Ann. §43-19-31(l)(iii) (Supp. 1999)****Information will be sent to the  
ADMINISTRATIVE OFFICE OF COURTS AND  
MDHS CHILD SUPPORT ENFORCEMENT DIVISION**

~~E.M.C.F.~~  
ARP

Exhibit #1

# This is A Request For Administrative Remedy

Date of Incident 9-24-13

Maurice Dawson

m3508

Hu6

Time of Incident @ 0900 p.m. call

Place of Incident Hu6

Alleged complaint Refuse medical services

Nurse <sup>Jane Doe</sup> ~~Wilson~~ inform and gave medical order to officers Sims, to bring me up to infirmary for right eye to be flush, due to been assault, he did not intend, only in refuse order, by dislike with retaliation on behalf of other staff members. I repeatedly ask him, Instead officers Sims use his time on duty to perform privilege, And lounge, laugh, and holding criminal conversation back and forth while on duty as security. Officers Sims did take time out his duty to perform these close to inmates acts of laughter and joking, and passes of extra bread. But Instead with Intents to dis know the facts of medical services needed, this said act were perform 9-23-13 and 9-24-13

Nurse <sup>Wilson</sup> ~~Jane Doe~~ on 9-23-13 Also inform officers Sims of said medical issue prior to 9-24-13. Need treatment to bring up to infirmary, officers Sims did refuse with same Abuse Act on 9-23-13. Along with pro performance of not provide adequate forms (ARPs) when Ask repeatedly, only to recd misconduct statements. I was deny of ARPs filing forms by officers Sims in Frustrate complaint. A very acted practice here at EMC.

## Relief Sought

## Disciplinary Action

5 of 5

Maurice Dawson II m3508

9-24-13

resubmitt 10-18-13



F.M.C.F.

Exhibit 2

A.R.P.

This IS A Request For Administrative Remedy

Date of Incident 9-23-13

MAURICE DAWSON #3588 HUB

Time of Incident 2100 p.m. cell

Place of Incident HUB

Alleged complaint refuse of Medical ~~services~~ services

Sgt Westmore did willing refuse to provide medical service. By act of laziness and intentionally mistreating of the inmates. Nurse Jane Doe inform Sgt Westmore several times before ~~to~~ leaving my door where I'm house on unit 6 segregation In closed behind door At All Time to bring me up to infirmary to be examine and to rec'd. Flushing of right eye due to been Assault

- inform nurse Jane Doe of situation, In front of Sgt Westmore of whom I could be derided through security. I said order because of the high very day rate of unprofessional duty here, high esp. in laziness and mistreating

- repeatedly insist to bring to Sgt Westmore Attention of order give by nurse with Nurse Jane Doe having to repeat several times of same statement because Sgt Westmore performance of seem to be under enormous toxication of ~~alcohol~~ Alcohol and other other substance. Sgt Westmore did refuse order from Nurse Jane Doe, and screens of medical services by me over a period of time enter HUB D-200

Relief

Disciplinary Action And Test for Alcohol (High level on Duty) And Drugs

MAURICE DAWSON #3588

9-24-13

4 of 5

Resubmitt 10-18-13

Case 3:14-cv-00798-CWR-FKB Document 1 Filed 10/15/14 Page 14 of 28

9-24-13

Mattie Patterson m3508

Disciplinary Action

2015

Relief sought

to Discipline  
Nurse Jane Doe did act out of laziness with no remorse, simply because  
she is a thorn in the side of the common practice here at Inlet with  
Nurse Jane Doe never did after a desperate painful standing in door  
trying out to office for help with no relief due to laziness  
Nurse Jane Doe did state she will bring such medicine back  
having said medication on hand at one point of nursing station  
Nurse Jane Doe did refuse to bring medical medication with knowledge of



alleged complaint refusal of medication

place of Incident HHS  
Time of Incident 2100g call

mainline Patterson m3508 HHS

This IS A Request for Administrative Remedy  
Date of Incident 9-23-13

Exhibit #3  
Inlet  
HHS  
HHS

**MISSISSIPPI DEPARTMENT OF CORRECTIONS**  
**Administrative Remedy Program**

ARP-2

NUMBER 611CF - 14 - 16613

**FIRST STEP RESPONSE FORM**

Type or use ball point pen. You must return your response to the Legal Claims Adjudicator within 30 days of the date the request was initiated.

TO: Maurice Drivson # M3508 611CF  
 Inmate's Name and DOC# Housing Unit

FROM: Mr. Little 611CF  
 Person to whom 1st Step is Directed Title/Location

If you are not satisfied with this response, you may go to Step Two by checking below and forwarding to the ARP Legal Claims Adjudicator within 5 days of your receipt of this decision.

Please address security issues with security staff  
Your claims cannot be substantiated as you refer  
to the nurse as "Jane Doe"

Oh A nsa

Signature

9.2.14

Date

( ) I am not satisfied with this response and wish to proceed to Step Two.  
 REASON:

11 see Attach sheet

Please stop playing psychological games to this facts. You are simply design to win. lets Not be  
ignorant when i give Names who sought to Assist in Medical services. ~~whether~~ whether you took

( ) I wish to cancel this complaint. You do not have to return this and time limit will cancel complaint.

Maurice Drivson # M3508  
 Inmate's Signature DOC#

9-4-14

Date

**Inmate's - COPY**



EMCF  
ARP

This is A Request for Administrative Remedy

Attach sheet To Frist Step EMCF 114-1693 MALWICE DAWSON #ms08  
9-4-14

pon your self to address is solely ~~your~~ your decision And more between you And  
our adm; (in properly direct complaints) same as of why and who sent it to you.  
he complaint state what it states, I was refuse of Medication At one point. And I  
as refuse of medical services At one point. with No doubt which result into  
impairment of the <sup>right</sup> ~~left~~ eye. <sup>①</sup> due to such acts of not rec'd proper treatment to the  
id eye. I do suffer A loss of vision to the <sup>right</sup> ~~left~~ eye

the Jane Doe issue in order to get compliance out of staff. Frist ARP must be  
dequate, if adm; stop Allowing who and what to do exactly what they want without  
y regards of discipline to They Actions. I will be able to obtain "Names" when Ask in  
uch a event. This is how bold EMCF staff is Around here (when Ask for names)  
hen They <sup>know</sup> they are wrong you ask for they Name they ~~simply~~ simply refuse (Nurse's)  
ith security staff assist as well. Cits Not like when the Nurse's refuse to give his/her  
me I Not Ask security they simply as well state they dont know either)

he must Kidding part about it <sup>is</sup> security staff refuses to even write A UOR w/  
The ~~noted~~ situation. <sup>they witness</sup> Again psychological games or being played here. Jane Doe  
not hard to identify by date (whats the purpose of dates etc) if you have No Record  
(staff duty (time card, time sheet) then Theres Negligent somewhere (but on the  
ther hand it ~~is possible~~ impossible not to have), (the world surely doesnt work like that  
you tell me Theres No such record then Theres Intent's of cover-up  
n unusual practice

Relief  
Disciplinary Action To The Fullest

**MISSISSIPPI DEPARTMENT OF CORRECTIONS**  
**Administrative Remedy Program**

**EMCF-14-1693**

**SECOND STEP RESPONSE FORM**

You must respond to the inmate within 45 days of receipt of the appeal of the First Step Response.

Inmate's Name & #: **Maurice Dawson #M3508**

Location: **EMCF**

From: **Dr. Abangan**

Title: **Doctor**

*Pogus*

*Shampoo & Stuff are  
coment items - unless  
There is a medical indication*

*I don't know  
what this is  
about. This does  
not contain To*

*ARP file I will not sign to Bogus*

*Bogus*

*Nello T. Q.*

Signature

*9-15-14*

Date

The above named inmate has fulfilled the requirements of the Administrative Remedy Program and is eligible to seek judicial review within 30 days of receipt of the Second Step Response.

Inmate's Signature DOC # Date

# Tenth Circuit Court District

## State of Mississippi

Robert W. Bailey, Judge  
Place 1  
P.O. Box 1167  
Meridian, Mississippi 39302-1167  
Office Phone: (601) 482-9741  
Fax: (601) 486-4933

Karen Todd  
Staff Attorney  
P.O. Box 1262  
Meridian, Mississippi 39302-1262  
Office Phone: (601) 486-4922  
Fax: (601) 486-4933  
Email: karenmtodd@hotmail.com



Dana D. Wedgworth  
Court Administrator  
P.O. Box 1262  
Meridian, Mississippi 39302-1262  
Telephone: (601) 482-9741  
Fax: (601) 486-4933  
Email: dwedgworth@lauderdalecounty.org

Lester F. Williamson, Jr., Judge  
Place 2  
P.O. Box 86  
Meridian, Mississippi 39302-0086  
Office Phone: (601) 482-9742  
Fax: (601) 486-4933

Jessica L. Massey  
Law Clerk  
P.O. Box 1262  
Meridian, Mississippi 39302-1262  
Office Phone: (601) 482-8761  
Email: jmassey@lauderdalecounty.org

August 5, 2013

Maurice Dawson, #M3508  
E.M.C.F.  
10641 Hwy 80 West  
Meridian, MS 39307

RE: March 3, 2013 ARP

Dear Mr. Dawson:

The enclosed documents are being returned to you unfiled. The Court has previously considered the March 3, 2013 ARP and as explained, your request for judicial review is untimely. *See Wilde v. Mississippi Dept. of Corrections*, 88 So.3d 792, 794 (¶5) (Miss. Ct. App. 2012), *see also Easley v. Roach*, 879 So.2d 1041, 1043 (¶4) (Miss. 2004).

Please also be advised that pursuant to Miss. Code Ann. § 47-5-76(1) "the department shall not pay the costs of court if the inmate has on three (3) or more prior occasions, while incarcerated, brought an action or appeal that was dismissed on the grounds that it was frivolous, malicious, or failed to state a claim upon which relief could be granted." (emphasis added).

You currently have three separate civil actions pending in this Court in which you were allowed to proceed *in forma pauperis*. Miss. Code Ann. § 47-5-76(2) provides, in part: "An inmate who proceeds *in forma pauperis* in a civil action shall pay twenty percent (20%) per month of the funds in his or her inmate account to the Department of Corrections until all filing fees and costs of his or her litigation are paid to the department. The department may withdraw such funds automatically from the account of any inmate permitted a civil filing as a pauper." (emphasis added). **You are no longer eligible for pauper status in this Court. If you voluntarily withdraw or dismiss any of the lawsuits now pending before final disposition,**

your application for leave to proceed *in forma pauperis* may be reconsidered. Otherwise, you must prepay all court costs and fees before commencing any further civil litigation in this Court, unless there is substantial credible evidence that you are under threat of serious imminent physical danger.

Thank you for your attention in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert W. Bailey', with a large, stylized flourish extending from the bottom right.

Robert W. Bailey, Circuit Judge

enclosure

**Tenth Circuit Court District**  
**State of Mississippi**

**COPY**

**Robert W. Bailey, Judge**  
Place 1  
P.O. Box 1167  
Meridian, Mississippi 39302-1167  
Office Phone: (601) 482-9741  
Fax: (601) 486-4933



**Dana D. Wedgworth**  
Court Administrator  
P.O. Box 1262  
Meridian, Mississippi 39302-1262  
Telephone: (601) 482-9741  
Fax: (601) 486-4933  
Email: [dwedgworth@lauderdalecounty.org](mailto:dwedgworth@lauderdalecounty.org)

**Lester F. Williamson, Jr., Judge**  
Place 2  
P.O. Box 86  
Meridian, Mississippi 39302-0086  
Office Phone: (601) 482-9742  
Fax: (601) 486-4933

**Karen Todd**  
Staff Attorney  
P.O. Box 1262  
Meridian, Mississippi 39302-1262  
Office Phone: (601) 486-4922  
Fax: (601) 486-4933  
Email: [karenmtodd@hotmail.com](mailto:karenmtodd@hotmail.com)

**Jessica L. Massey**  
Law Clerk  
P.O. Box 1262  
Meridian, Mississippi 39302-1262  
Office Phone: (601) 482-8761  
Email: [jmassey@lauderdalecounty.org](mailto:jmassey@lauderdalecounty.org)

September 9, 2013

Maurice Dawson, #M3508  
E.M.C.F.  
10641 Hwy 80 West  
Meridian, MS 39307

RE: Enclosed Petitions for Relief

Dear Mr. Dawson:

The enclosed documents are being returned to you unfiled. As the Court has previously explained to you in its letter dated August 5, 2013, you are no longer eligible to proceed in any new civil action in this Court as a pauper. *See* Miss. Code Ann. § 47-5-76(1). If you wish to proceed in this Court with any future civil actions, you must prepay all court costs and fees unless you provide substantial credible evidence of serious imminent physical danger.

Thank you for your attention in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert W. Bailey".

Robert W. Bailey, Circuit Judge

enclosure

Circuit Court Clerk  
P.O. Box 1262  
Meridian, MS  
39302

Maurice Dawson M3508  
2MCF 1-C-115  
10641 Hwy 80 W  
Meridian, MS 39307

RE: Maurice Dawson  
V. Nurse Jane Doe; Sgt  
Westmore; Nurse Jones; Nurse  
Wilson; ofc Sims

CASE NO. \_\_\_\_\_

Please find enclosed ① Motion

\_\_\_\_\_, to be filed in your usual manner.  
Please send me a copy of the front page(s) stamped  
Filed for my files. THANK YOU!!...

Respectfully Submitted,  
Maurice Dawson

10 / 7 / 14

TODAY'S DATE

ENCLOSURE(S)



IN THE 10<sup>th</sup> DISTRICT CIRCUIT COURT  
OF LAUDERDALE COUNTY, MISSISSIPPI

Maurice Dawson

PETITIONER

V.

CAUSE NO. \_\_\_\_\_

Nurse Jane Doe, Sgt.

DEFENDANT(S)

Westmore; Nurse Jones;

Nurse Wilson; Ofc. Sims;

in their official and

individual capacity; et al

NOTICE OF MOTION(S)

COMES NOW, the Petitioner, Pro Se,  
Maurice Dawson, in the above styled and numbered  
Cause and would bring forth for hearing this his  
Motion To Appeal Order Denying In Forma, to be heard at  
a time and place to be set by this Honorable Court.

This the 7 day of Oct, 14.

Respectfully Submitted,

Petitioner: MAURICE DAWSON

Address: SUITE 1-C-145

10641 Hwy 80 W

Meridian, MS 39307



IN THE TENTH CIRCUIT COURT  
DISTRICT OF LAUDERDALE CO., MISS

Maurice Dawson

PLAINTIFF

V.

CIVIL ACTION NO. \_\_\_\_\_  
\_\_\_\_\_

Nurse Jane Doe; Sgt.  
Westmore; Nurse Jones;  
Nurse Wilson; etc. Sims;  
in their official and  
individual capacity; et al

DEFENDANTS

MOTION TO Appeal ORDER  
DENYING IN FORMA  
PAUPERIS PURSUANT TO  
Miss. Code Ann. 47-5-76(2)

COMES NOW, Plaintiff, pro se, and  
files this his motion TO APPEAL ORDER DENYING  
IN FORMA PAUPERIS PURSUANT TO MISS. CODE

Ann. § 47-5-76(2) and in support would show unto this Honorable Court the following to-wit:

### I.

That Plaintiff is incarcerated in the custody of Mississippi Department of Corrections (MDOC) and has been since the 7 day of Oct, 2014.

### II.

That the Plaintiff is a layman to the law and unable to comprehend legal terms, statutes, and/or case law. Plaintiff had to take advice from an inmate who was supposed to be fluent with the law and legal documents filings. Plaintiff has no other available source for help so he has been misled in the proper steps to take in his filing of his civil suit pertaining medical services denial.

### III.

Plaintiff was trying to present a complex document to the court with his limited knowledge, in

caused him to accrue three strikes and baned him from proceeding In Forma Pauperis. His case was not frivolous or without claim, but he mistook "Order New Case" to mean that he was supposed to go back to the Facility ARP procedure again. When he asked law library assistance about it, he was told that he had to do nothing but sit back and wait on the courts.

#### IV

That the above foregoing facts shows that the plaintiff is ignorant to legal proceedings and had been misled by the ~~only~~ only person he was able to trust. Plaintiff should be granted to resubmit his case and In Forma Pauperis Affidavit and allow to proceed. Courts shouldn't disqualify a inmate due to his ignorance of the law.

WHEREFORE, PREMISES CONSIDERED,  
Plaintiff respectfully prays this Honorable Court enter

an order to allow plaintiff to proceed In  
Forma Pauperis and not hold his ignorance  
against him.

Respectfully Submitted  
Maurice Dawson  
Maurice Dawson M3508

## CERTIFICATE OF SERVICE

This is to certify that I have this date,  
caused to be mailed, via U.S. Mail, postage paid,  
a true and correct copy of the above and foregoing  
Document(s) to:

Circuit Court Clerk

P.O. Box 1262

Meridian, MS

39302

SO CERTIFIED, this the 7 day of  
OCT, 2014.

MAURICE DAWSON / M3508

PETITIONER / MDcc<sup>th</sup>

10641 Hwy 80 W

Address

Meridian, MS 39307

Address

Complaint

**CERTIFICATE OF SERVICE**

This is to certify that I have this date, caused to be mailed, via United States Mail,  
postage pre-paid, a true and correct copy of the above and foregoing Pleading to:

**USDC  
501 E COURT STREET  
JACKSON, MS 39201**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SO CERTIFIED, this the 7 day of Oct, 2014.

MARCEL DAWSON  
Petitioner

M3508  
MDOC #

East Mississippi Correctional  
Address Meridian MS  
Facility 10641 Hwy 80 West 39307  
Address